

**BEST AVAILABLE COPY**

<b>CLAIMS ONLY</b>								SERIAL NO.	FILING DATE		
								APPLICANT(S)			
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.	14										
TOTAL DEP.	21										
TOTAL CLAIMS	✓X	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS											